

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000232

FILED
Apr 15, 2009
Secretary of State

Entity Name: NEW LIFE ASSEMBLY CHURCH, INC.

Current Principal Place of Business:

114 CLOVERLAND STREET
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 875
LAKE PLACID, FL 33862

New Mailing Address:

FEI Number: 26-2604502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOLDEN, WILLIE C
401 SOUTH PINE STREET
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOLDEN, WILLIE C
Address: 401 SOUTH PINE STREET
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: HOLDEN, RAYONTARY R
Address: P.O. BOX 151 408 SUNDOWN AVE
City-St-Zip: LAKE PLACID, FL 33862

Title: D () Delete
Name: SHOLTZ, LEROY
Address: 1324 GOLDBUD STREET
City-St-Zip: LAKE PLACID, FL 33852

Title: CD () Delete
Name: JOHNSON, EUGENE
Address: 351 COMANCHE STREET NW
City-St-Zip: LAKE PLACID, FL 33852

Title: SD () Delete
Name: MULLIGAN, REATHA
Address: 163 VISION ST
City-St-Zip: LAKE PLACID, FL 33852

Title: T () Delete
Name: STRINGFIELD, KAREN A
Address: P.O. BOX 1817
City-St-Zip: LAKE PLACID, FL 33862

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN A. STRINGFIELD

T

04/15/2009

Electronic Signature of Signing Officer or Director

Date